PTO/SB/01 (10-00)

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DECL	Attorney Do	cket Number	ETH1690 CIP					
AND POWER OF ATTORNEY			First Named Inventor Howard Scalzo, et al.					
	ITY OR DESIGN APPLICATION CFR 1.63)  h		COMPLETE IF KNOWN					
(37 ☑ Declaration Submitted with		urcharge ))) required)	Application	Number	-			
			Filing Date					
			Group Art U	nit				
			Examiner N	ame	·			
As a below named inventor,	, I hereby declare that	t						
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
ANTIMICROBIAL PACKAGED MEDICAL DEVICE AND METHOD OF PREPARING SAME								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign			iling Date	Priority	Certified Copy			
Application	Country	(MM/DI	DAYYY)	Not Claime				
Number(s)					YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

	<del></del>						
DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.(	C. 119(e) of any United States provisional a	application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)						
60/416,114	10/04/2002	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hamby plain the hopefit under Title 25. I	hited Otatoo Code 5420 of any I britad Chat	and income and income					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
10/367,497	February 15, 2003	Pending					
I hereby appoint:							
Practitioners at Customer Number  AND	Place Customer Number Bar Code Label Here						
Practitioner(s) named below:  Name  Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Blossom E. Loo at telephone number (732) 524-1596.							
Customer Number  Direct all correspondence to:							
Name:							
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City:	State:	ZIP					
Country	Telephone:	Fax:					

I hereby declare that all statements me information and belief are believed to that willful false statements and the like U.S.C. 1001 and that such willful false issued thereon.	be true; and further se so made are pun	that these sta	tements were or imprisonme	mad with the knowledge ent, or both, under 18				
NAME OF FIRST INVENTOR:	Ap∈	etition has been fi	led for this unsign	ed inventor				
Given Name (first and middle [if any]) Howard	Family Name or Surname Scalzo							
Inventor's Signature	Leede	Bo	Date (e)	/23/03				
Residence: City Kenilworth,	State NJ	Count	try USA	CitizenshipUSA				
Mailing Address 16 North 11th Street								
City Kenilworth,	State NJ	ZIP 0	7033	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if apy]) Jerome A.  Family Name or Surname Fischer								
Inventor's Signature Date 6/23/v3								
Residence: CityWarren,	State NJ	Count	try USA	CitizenshipUSA				
Mailing Address 5 Mattben Drive								
City Warren,	State NJ	ZIP 0	7059	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR:	Ape	etition has been fi	led for this unsign	ed inventor				
Given Name Family Name (first and middle [if any]) Robert or Surname Cerwin								
Inventor's Signature Columb Date 6/23/03								
Residence: City Pipersville,	State PA	Count	ry USA	CitizenshipUSA				
Mailing Address 404 Cafferty Road								
City Pipersville,	State PA	ZIP 1	8947	Country USA				